



DECLARATION AND POWER OF ATTORNEY U.S.A.

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ATTORNEYS' DOCKET NO.

P71492US0

ALL PATENTS, INCLUDING DESIGN
FOR APPLICATION BASED ON PCT; PARIS CONVENTION;
NON PRIORITY; OR PROVISIONAL APPLICATIONS

As a below named inventor, I declare that my residence, post office address and citizenship are stated below next to my name, the information given herein is true, that I believe that I am the original, first and sole inventor (if only one name is listed at 201 below), or an original, first and joint inventor (if plural inventors are named below at 201-203, or on additional sheets attached hereto) of the subject matter which is claimed and for which patent is sought on the invention entitled:

NOVEL METHOD OF NEUROPROTECTION BY PHARMACOLOGICAL INHIBITION OF AMP-ACTIVATED PROTEIN KINASE

which is described and claimed in: ☒ PCT International Application No. PCT/US2005/009797 filed 23 March 2005
☐ the attached specification ☒ the specification in application Serial No. _____ filed 21 September 2006
(if applicable) and amended on _____

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-(d) of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

60/556,000 United States 24 March 2004
(Number) (Country) (Day/Month/Year Filed)

☒ ☐
Yes No

(Number) (Country) (Day/Month/Year Filed)

☐ ☐
Yes No

(Number) (Country) (Day/Month/Year Filed)

☐ ☐
Yes No

I hereby claim the benefit under Title 35, United States Code, §119(a) of any United States provisional application(s) listed below:

Application No. _____ Filing Date _____ Application No. _____ Filing Date _____

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.55 which became available between the filing date of the prior application and the national or PCT International filing date of this application:

(Application Serial No.)

(Filing Date)

(Status: patented, pending, abandoned)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys (Registration No.) to prosecute this application, receive and act on instructions from my agent, and transact all business in the Patent and Trademark Office connected therewith. HARVEY B. JACOBSON, JR. (20,851); JOHN CLARKE HOLMAN (22,789); MARVIN R. STERN (20,840); ALLEN S. MELSER (27,215); MICHAEL R. SLOBASKY (28,421); JONATHAN L. SCHERER (29,851); IRWIN M. AISENBERG (19,007); WILLIAM E. PLAYER (31,409); YOON S. HAM (45,307) and NATHANIEL A. HUMPHRIES (22,772)

SEND CORRESPONDENCE TO: CUSTOMER NO. 00136

or

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY
400 SEVENTH STREET, N.W.
WASHINGTON, D.C. 20004

DIRECT TELEPHONE CALLS TO:

(please use Attorney's Docket No.) (202) 838-8866

JACOBSON HOLMAN
PROFESSIONAL LIMITED LIABILITY COMPANY

*Inventor(s) name must include at least one unabbreviated first or middle name.

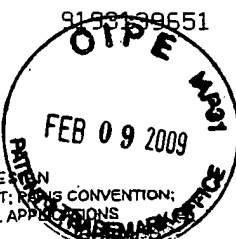
201	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
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		Baltimore	Maryland	USA
		see attached	Baltimore	Maryland
				21205
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	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
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		Chapel Hill	North Carolina	USA
		see attached	Chapel Hill	North Carolina
				27516
203	FULL NAME * OF INVENTOR	FAMILY NAME	GIVEN NAME	MIDDLE NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	CITY	STATE OR COUNTRY	ZIP CODE
		RONNETT	Gabriele	V.
		Baltimore	Maryland	USA
		see attached	Baltimore	Maryland
				21205

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment or both, under section 1001 of Title 18 of the United States Code; and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
DATE <u>2/7/09</u>	DATE	DATE <u>2/05/09</u>

☐ Additional inventors are named on separately numbered sheets attached hereto.

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60/556,000
(Number)

United States
(Country)

24 March 2004
(Day/Month/Year Filed)

Priority Claimed

☒ Yes ☐ No

(Number)

(Country)

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	POST OFFICE ADDRESS	see attached	Baltimore			Maryland	21205
202	RESIDENCE & CITIZENSHIP	STURDIVANT	Jill		USA	NC	27516
	POST OFFICE ADDRESS	see attached	Chapel Hill			North Carolina	27516
203	RESIDENCE & CITIZENSHIP	RONNETT	Gabriele	V.	USA	Maryland	21205
	POST OFFICE ADDRESS	see attached	Baltimore			Maryland	21205

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SIGNATURE OF INVENTOR 201*	SIGNATURE OF INVENTOR 202*	SIGNATURE OF INVENTOR 203*
<i>[Signature]</i>	<i>[Signature]</i>	
DATE	DATE <u>9/4/08</u>	DATE

*Additional inventors are named on separately numbered sheets attached hereto.

4. All PCT (COPYING WITHOUT DELETIONS PERMITTED)

Declaration Attached Sheet

Page 2 of 2

P71492US0

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- 203) Department of Neuroscience, 1006B Preclinical Teaching Building, Johns Hopkins University School of Medicine, 725 North Wolfe Street, Baltimore, MD 21205